**![cwa_logo_final[1]]()Workforce Development Professional**

**Apprenticeship Program Application**

*Fill out all of the information and mail to CWA, 1107 9th Street, Suite 801, Sacramento, CA 95814* ***no later than5:00 p.m., Jan.4, 2016****.*

**\ Part I \ Applicant Information**

Name:

Address:

City, State, Zip:

Cell Phone: Email:

Social Security Number:

*NOTE: We are required to collect your Social Security Number by the California Division of Apprenticeship Standards (DAS). All application information is kept in strict confidence by the Apprenticeship Governing Board.*

**\ Part II \ Educational Background**

Do you have a high school diploma, GED or equivalent? □ Yes □ No

Last High School You Attended:

City, State, Zip:

College #1 You Attended:

City, State, Zip:

Did you graduate? □ Yes □ No Degree Obtained:

College #2 You Attended:

City, State, Zip:

Did you graduate? □ Yes □ No Degree Obtained:

College #3 You Attended:

City, State, Zip:

Did you graduate? □ Yes □ No Degree Obtained:

College #4 You Attended:

City, State, Zip:

Did you graduate? □ Yes □ No Degree Obtained:

*Add additional pages if necessary.*

**\ Part III \ Equal Opportunity Information**

Gender: (Check only one box) □ Male □ Female □ Other

Race or Ethnicity: (Check only one box)

□ American Indian/Alaskan Native □ Asian or Pacific Islander □ Black (not of Hispanic origin)

□ Filipino □ Hispanic □ White (not of Hispanic origin)

*Defined in Sec. 2(i) California Plan for Equal Opportunity in Apprenticeship (Cal. Labor Code, Ch. 4, Div. 3, Sec. 151)*

*The Apprenticeship program does not discriminate against employees on the grounds of race, color, religion, creed, national origin, age, sex, disability, sexual preference, gender identity, or marital status.*

**\ Part IV \ Tell Us About Yourself**

List any certifications, specialized training or professional competence and/or license of special skills that you may have:

Describe any extracurricular or community activities in which you are involved:

***By signing this application, I certify the information provided is true, correct and complete to the best of my knowledge. I also acknowledge that should an investigation at any time disclose any misrepresentation or falsification, my application may be rejected for this and future consideration and I may be terminated from the apprenticeship program. I understand that this application is not a contract of apprenticeship.***

Applicant Signature Date